NOTICE OF ACTION

COUNTY OF

STATE OF CALIFORNIA
HEALTH AND HUMAN SERVICES AGENCY
CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

Notice Date : _____
Case Name : _____
Number : _____
Worker Name : _____
Number : _____
Telephone : _____
Address : _____

(ADDRESSEE)

Questions? Ask your Worker.

State Hearing: If you think this action is wrong, you can ask for a hearing. The back of this page tells you how. Your benefits may not be changed if you ask for a hearing before this action takes place.

As of _____, the County is changing your cash aid from $_____ to $_____. Cash aid will stop for _____, the family's second parent.

Here's why:

_____ did not have a good reason for not doing what this person agreed to do in the compliance plan that he/she signed. He/she agreed to do: _____

_____

Since you are both off cash aid we need a payee for your family's aid. We can send it to someone you trust. Give the name and address of that person to:

COUNTY WORKER: _____

STREET, CITY, ZIP: _____

PHONE: ( ) _____

You may get more cash aid again if you are eligible for it and:

☐ if _____ cooperates.
☐ after _____ if _____ cooperates.

To ask for your cash aid again, contact _____at_____-_____.

The family's second parent, _____, may get cash aid again if he/she is eligible for it and:

☐ cooperates.
☐ after _____ if he/she cooperates.

We will not pay child care, transportation, or work or training related expenses while you are both off cash aid.

Your new cash aid amount is figured on this notice.

Medi-Cal: This Notice of Action does NOT change or stop Medi-Cal benefits. **Keep your plastic Benefits Identification Card(s).**

Rules: These rules apply. You may review them at your welfare office: CalWORKs Implementation Guidelines, Section XI, Welf. & Inst. Code 11327.4, 11327.5

Monthly Cash Aid Amount

Section A. Countable Income, Month of _____

Total Business Income	$	
Business Expenses:		
a. 40% Standard	-	
OR		
b. Actual	-	
Net Earnings from Self-Employment	=	
Total Disability-Based Unearned Income of (Assistance Unit + Non-Assistance Unit Members)	$	
$225 Disregard	-	
Nonexempt Unearned Disability-Based Income	=	
OR		
Unused Amount of $225 Disregard	=	
Total Earned Income	$	
Net Earnings from Self-Employment (from above)	+	
Subtotal	=	
Unused Amount of $225 Disregard (from above)	-	
Subtotal	=	
Earned Income Disregard 50%	-	
Subtotal	=	
Nonexempt Unearned Disability-Based Income (from above)	+	
Other Nonexempt Income of (Assistance Unit + Non-Assistance Unit Members)_____	+	
_____	+	
Net Countable Income	=	

Section B. Your Cash Aid, Month of _____

1.	Maximum Aid _____ Persons (Assistance Unit + Non-Assistance Unit Members)	$	
2.	Special Needs (Assistance Unit only)	+	
3.	Net Countable Income from Section A	-	
4.	Subtotal	=	
5.	Maximum Aid _____ Persons (Assistance Unit only) (Excluding Sanctioned Persons)	$	
6.	Special Needs (Assistance Unit only)	+	
7.	Maximum Aid Subtotal	=	
8.	**Full Month Aid Subtotal** (Lowest Amount on Line 4 or 7	=	
9.	Line 8 Prorated for Part of Month	=	
10.	Adjustments: 25% Child Support Sanction	-	
	Overpayment	-	
	Other Sanctions	-	
	Bonus	+	
11.	**Monthly Cash Aid Amount** (Line 8 or 9 Adjusted)	=	

YOUR HEARING RIGHTS

To Ask For a State Hearing

- You only have 90 days to ask for a hearing. The 90 days started the day after we gave or mailed you this notice.
- You have a much shorter time to ask for a hearing if you want to keep your same benefits.

To Keep Your Same Benefits While You Wait For a Hearing

You must ask for a hearing before the action takes place.

- Your Cash Aid will stay the same until your hearing.
- Your Medi-Cal will stay the same until your hearing.
- Your Food Stamps will stay the same until the hearing or the end of your certification period, whichever is earlier.
- Your CalWORKs Child Care benefits will **NOT** stay the same until your hearing.
- If the hearing decision says we are right, you will owe us for any extra cash aid or food stamps you got.

To Have Your Benefits Cut Now

If you want your Cash Aid or Food Stamps cut while you wait for a hearing, check one or both boxes.

☐ Cash Aid ☐ Food Stamps

To Get Help

You can ask about your hearing rights or free legal aid at the state information number.

Call toll free: 1-800-952-5253

If you are deaf and use TDD, call: 1-800-952-8349

You may get free legal help at your local legal aid office or welfare rights group.

Other Information

Child and/or Medical Support: The District Attorney's office will help you collect support even if you are not on cash aid. There is no cost for this help. If they now collect support for you, they will keep doing so unless you tell them in writing to stop. They will send you any current support money collected. They will keep past due money collected that is owed to the county.

Family Planning: Your welfare office will give you information when you ask for it.

Hearing File: If you ask for a hearing, the State Hearing Office will set up a file. You have the right to see this file. The State may give your file to the Welfare Department, the U.S. Department of Health and Human Services and the U.S. Department of Agriculture. (W. & I. Code Section 10950).

HOW TO ASK FOR A STATE HEARING

The best way to ask for a hearing is to fill out this page. Make a copy of the front and back for your records. Then, send or take this page to:

Your worker will get you a copy of this page if you ask. Another way to ask for a hearing is to call 1-800-952-5253. If you are deaf and use TDD, call: 1-800-952-8349.

HEARING REQUEST

I want a hearing because of an action by the Welfare Department of _____ County about my

☐ Cash Aid ☐ Food Stamps ☐ Medi-Cal ☐ Child Care

☐ Other (list) _____

Here's why: _____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

☐ Check here and add a page if you need more space.

☐ I want the person named below to represent me at this hearing. I give my permission for this person to see my records or come to the hearing for me.

NAME _____

ADDRESS _____

_____

☐ I need a free interpreter.
My language or dialect is: _____

My name: _____

Address: _____

_____

Phone: _____

My case number: _____

My signature: _____

Date: _____